

BEST AVAILABLE COPY

U.S. **UTILITY** Patent Application

O.I.P.E.

PATENT DATE

SCANNED

BK② Q.A. CK

| | | | | | |
|--------------------------------|-----------------|--------------|-----------------|------------------|---------------------|
| APPLICATION NO. C.09/606742 | CONT/PRIOR D | CLASS 128 | SUBCLASS 898 | ART UNIT 3738 | EXAMINER ISABELA |
|--------------------------------|-----------------|--------------|-----------------|------------------|---------------------|

Dr. James Cox
Stephen Boyd
Hanson Gifford
Matthias Vaska

Matthias Vaska
Surgical system and procedure for treatment of medically refractory
atrial fibrillation

3. APPLICATIONS

PTO-2040
12/89

ISSUING CLASSIFICATION

[illegible]

| | | | | | |
|---|--------------------------|--------------------------|---|---|----------------------------------|
| <input type="checkbox"/> TERMINAL DISCLAIMER | DRAWINGS | | | CLAIMS ALLOWED | |
| | Sheet Drwg. 36 | Figs. Drwg. 63 | Print Fig. 9B | Total Claims 54 54 | Print Claim for O.G. 1 |
| <input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed. | | | _____ (Assistant Examiner) (Date) | | |
| <input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S. Patent. No. _____ | | | David J. Isabella Primary Examiner <u>David J. Isabella</u> <u>5/31/03</u> (Primary Examiner) (Date) | | |
| <input type="checkbox"/> The terminal _____ months of this patent have been disclaimed. | | | <u>Stefanie Boyce</u> <u>6/10/03</u> (Legal Instruments Examiner) (Date) | | |
| WARNING: The information disclosed herein may be restricted. Unauthorized disclosure may be prohibited by the United States Code Title 35, Sections 122, 181 and 368. Possession outside the U.S. Patent & Trademark Office is restricted to authorized employees and contractors only. | | | NOTICE OF ALLOWANCE MAILED <u>6/2/03</u> | | |
| | | | ISSUE FEE Amount Due <u>650</u> Date Paid _____ | | |
| | | | ISSUE BATCH NUMBER | | |

FILED WITH ☐ DISK (CRF) ☐ FICHE ☐ CD-RO
 (Attached in pocket on right inside)

Form PTO-436A
(Rev 6/99)

FILED WITH ☐ DISK (CRF) ☐ FICHE ☐ CD-ROM
(Attached in pocket on right inside flap)

(FACE)